Patient 7– Observer Information Week 4			
Setting	Inpatient Renal Unit		
Scenario	Patient admitted to hospital from the dialysis center where he developed low blood pressure during dialysis.		
Patient Information	**Name: John Woods** **DOB: 8/16/1954** **Race**: Black **Room #: 317** **Gender:Male** **Age: 68** **Patient ID #:** 387145 **Allergies**: NKDA		
CC	Patient has felt more tired than usual lately and blood pressure dropped during dialysis.		
HPI	Patient presented to the outpatient dialysis center and was brought to the hospital after developing low blood pressure during dialysis. He has been on dialysis for almost a year, using a left forearm AV fistula. His renal failure is thought to be due to hypertension.		
Family History	Mother- died of old age in her 90s Father- died of heart disease at age 80 No siblings	**PMH**	HTN, hyperlipidemia, ESRD
Social History	• Retired accountant, lives with wife. 2 grown sons live in area. • Drinks 1 cup of coffee or hot tea every morning • Drinks occasional alcohol socially • Denies tobacco use • Denies illicit drug use Walks occasionally with wife for exercise	**Vaccine History**	Usual childhood vaccines Got mumps and chicken pox as child Tetanus 4 years ago Shingles 8 years ago Hepatitis A & B last year (for dialysis) COVID fully vaccinated and boosted
Physical Exam	• HEENT: PERRLA, EOMI, pt uses hearing aid on left ear and wears glasses. • Neck: supple, no JVD or HJR • Lungs: CTA • Heart: RRR		• Abdomen: soft, nontender, +BS • Extremities: Dry, scaly arms and legs with bilateral foot and ankle edema • Neurological: A&O x3 Cranial nerves II-XII are grossly intact
VS	BP: 130/92 pre-dialysis HR: 82 RR: 16 T: 36.8 C O2 sat 98% Wt: 70 kg HT: 5'10" BP 84/57 post-dialysis (stopped midway through due to decreased blood pressure)		
Labs	Na: 142 mEq/L K: 5.3 mEq/L Cl: 110 mEq/L CO2: 24 mEq/L	BUN: 80 mg/dL SCr: 6.2 mg/dL Glu: 85 mg/dL Phos: 6.5 mg/dL	Hgb: 10.3 g/dL Hct: 30% Ca: 8.6 mg/dL Mg: 2.3 mEq/L	RBC 3.4 x 10^3/mm^3 WBC: 6.9 X 10^3/mm^3 Plt: 210 X 10^3/mm^3 Alb: 3.0 g/dL

Patient is based on "Urine Trouble" patient cases from Pharmacotherapy Casebook, A Patient Focused Approach, 7th edition and 9th edition

Hospital Medication List

Hospital Medications

Medication	Dose	Route	Frequency	Scheduled time	Last administered	Notes
NS	75 ml/hr	IV	Continuous infusion		0900 09/XX/20XX (today)	To treat hypotension
Midodrine	5 mg	PO	X1		1000 09/XX/20XX (today)	To treat hypotension
Sertraline	50 mg	PO	Daily		0900 09/XX/20XX (today)	To treat hypotension
Enoxaparin	40 mg	SC	Daily	0900	0900 (09/XX/20XX) (today)	For VTE prophylaxis
Famotidine	20 mg	PO	BID	0700/1700	0700 (09/XX/20XX) (today)	Stress ulcer prophylaxis
Acetaminophen	650 mg	PO	Q4h prn			For pain or fever
Ondansetron	4 mg	PO	Q4h prn			For nausea

Home Medication List:

Medication:	Allergies:
Atenolol 50 mg PO daily	NKDA
Furosemide 80 mg PO daily	
Calcium acetate 667 mg, 3 capsules PO TID with meals	
Cinacalcet 60 mg PO daily	
Nephro-Vite PO daily	

Patient is based on "Urine Trouble" patient cases from Pharmacotherapy Casebook, A Patient Focused Approach, 7th edition and 9th edition

Jayhawk Medical Center
Medication Discharge Plan/Prescriptions

Patient Name: Discharge Date: 9/XX/20XX

Primary Diagnosis: DKA Allergies: penicillin--rash

Community Pharmacy: Jayhawk

Hospital Medications

Medication	Instructions	Comments	Continue	Modify	Discontinue	New Rx sent
NS	75 ml/hr	IV continuous infusion			X	
Sertraline	50 mg PO daily		X			X
Enoxaparin	30 mg SC daily				X	
Famotidine	20 mg PO BID				X	
Acetaminophen	650 mg PO q4h prn	For pain or fever	X			
Ondansetron	4 mg PO q4h prn	For nausea	X			X

Previous Home Medications

Medication	Instructions	Comments	Continue	Modify	Discontinue	New Rx sent
Atenolol	50 mg PO daily		X			
Furosemide	80 mg PO daily		X			
Calcium acetate	667 mg, 3 capsules PO TID with meals	Take with food. If not eating, no need to take this med.	X			
Cinacalcet	Cinacalcet 60 mg PO daily		X			
Nephro-Vite	1 tablet PO daily		X			

Patient is based on "Urine Trouble" patient cases from Pharmacotherapy Casebook, A Patient Focused Approach, 7th edition and 9th edition

Pharmacy Medication Reconciliation Form

Patient Name: John Woods **Date of Birth: 8/16/1954** **Room #: 317**	**Allergies:** NKDA	**Immunization History:** Usual childhood vaccines Got mumps and chicken pox as child Tetanus 4 years ago Shingles 8 years ago Hepatitis A & B last year (for dialysis) COVID fully vaccinated and boosted
Community Rx Info: Jayhawk **Prescription Insurance: any, has Medicare**	**Social History: Retired accountant, lives with wife. 2 grown sons live in the area.** **Drinks 1 cup coffee or hot tea every morning** **Denies tobacco and illicit drug use** **Drinks alcohol occasionally socially** **Walks with wife for exercise**	

Complete Medication History Prior to Admission (write legibly)								Med Reconciliation	
Medication Name	Strength	Route	Freq	PRN?	Last Dose (date/time)	Adverse Effects	Adherence	Action	*Reason for discontinue, hold, modify
Atenolol	50 mg	PO	Daily		0600 (today)	None	Always remembers	C	
Furosemide	80 mg	PO	Daily		0600 (today)	None	Always remembers	C	
Calcium acetate	667 mg x 3 tablets	PO	With each meal		0600 (today)	None	Always remembers	C	
Cinacalcet	60 mg	PO	Daily		0600 (today	None	Always remembers	C	
Nephrovite	1 tablet	PO	Daily		0600 (today	None	Always remembers	C	

Additional Notes:	Action Key - **C:** Continue **D:** Discontinue* **H:** Hold* **M:** Modify* (*provide reason)
Med History obtained by (sign and print name):	**Date:**

Medication Reconciliation – (Finalized Medication List = Hospital Orders)

Patient Name: John Woods **DOB**: 8/16/1954 **Room**: 317

	Medication (name/strength)	Dose	Route	Frequency	Notes
1.	NS	75 ml/hr	IV	Continuous infusion	To treat hypotension
2.	Midodrine	5 mg	PO	X1	To treat hypotension
3.	Sertraline	50 mg	PO	Daily	To treat hypotension
4.	Enoxaparin	40 mg	SC	Daily	For VTE prophylaxis
5.	Famotidine	20 mg	PO	BID	Stress ulcer prophylaxis
6.	Acetaminophen	650 mg	PO	Q4h prn	For pain or fever
7.	Ondansetron	4 mg	PO	Q4h prn	For nausea
8.	Atenolol	50 mg PO daily	PO	Daily	
9.	Furosemide	80 mg	PO	Daily	
10.	Calcium acetate	667 mg, 3 capsules	PO	TID with meals	Phosphate binder
11.	Cinacalcet	60 mg	PO	Daily	For secondary hyperparathyroidism related to dialysis
12.	Nephro-Vite	1 tablet	PO	Daily	

****Must be written legibly for grading****

iSBARR Form

i	Introduction (name/title/unit)	Hello, my name is ……and I am the pharmacist working on this unit today.
S	Situation	I am concerned that John Woods is at risk for bleeding.
B	Background	He was admitted from dialysis with hypotension. He is using enoxaparin 40 mg SC for DVT prophylaxis. However, his creatinine clearance is below 30 ml/min.
A	Assessment	It is recommended that the enoxaparin dose be decreased if the creatinine clearance is less than 30 ml/min.
R	Recommendation	I recommend that we decrease his enoxaparin to 30 mg SC daily.
R	Repeat	OK, I will adjust the enoxaparin dose to 30 mg SC daily. Thank you!

Note: there are other possible iSBARR scenarios with this case—decreasing famotidine dose, changing the midodrine to TID, and possibly others. If you came up with something other than what is listed here, ask your instructor if it would be appropriate.

Jayhawk Medical Center Medication List and Instructions

Patient Name: John Woods		
Admission Date: 9/XX/20XX	**Discharge Date: 9/XX/20XX**	**Service: renal**
Principal Diagnosis This Admission: hypotension developed during dialysis		
Secondary Diagnosis:		
Allergies (reactions): NKDA		

Medications added this visit: (begin taking these)
Sertraline 50 mg Ondansetron 4 mg Acetaminophen 325 mg,

Medications changed this visit: (modify what you previously were taking)
None.
Medications discontinued this visit: (stop taking these)
None.

FINAL DISCHARGE MEDICATION LIST

MEDICATION/ROUTE/DOSAGE/FREQUENCY/DURATION	*Comments*	**Morning**	**Afternoon**	**Evening**	**Bedtime**
Sertraline 50 mg tablet--take one tablet by mouth once daily	To prevent low blood pressure during dialysis	X			
Atenolol 50 mg—take one tablet by mouth once daily		X			
Furosemide 80 mg—take one tablet by mouth once daily		X			
Calcium acetate 667 mg--take 3 capsules by mouth three times a day with meals	Take with food. If you don't eat, no need to take this	X	X (noon)	X	
Nephro-Vite--take one tablet by mouth once daily		X			
As needed medications					
Acetaminophen 325 mg--take 2 tablets by mouth up to every 4 hours as needed	For pain or fever				
Ondansetron 4 mg—take 1 tablet by mouth up to every 4 hours as needed	For nausea				